

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-003187

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1191

STATE FILE NUMBER

FILED FEB 8 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		d. STREET ADDRESS (If outside, give location) 2868 So. Jefferson	
3. NAME OF DECEASED (Type or print) First CHARLES Middle R. Last BAKER		4. DATE OF DEATH Month 2 Day 1 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/31/1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Mine	
11. BIRTHPLACE (City and state or country) Lesterville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME William A. Baker		13b. MOTHER'S MAIDEN NAME Belle Waylow	
14. NAME OF HUSBAND OR WIFE Unavailable		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Lorraine Swinford, 2826 So. Jefferson	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perforated Gastric Ulcer DUE TO (b) 5401 DUE TO (c) 5401 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatic Heart Disease Severe		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:30 a.m. 63 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 1515 LAFAYETTE AVE.
21. I attended the deceased from 1 28 63 to 2 1 63 and last saw her alive on 2 1 63 Death occurred at 5:30 A m on the date stated above, end to the best of my knowledge, from the causes stated.		22. ADDRESS 1515 LAFAYETTE AVE.	
22a. SIGNATURE [Signature] (Deceased or wife)		22b. DATE SIGNED 2 1 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-4-63	23c. NAME OF CEMETERY OR CREMATORY Annapolis Cemetery	23d. LOCATION (City, town, or county) Annapolis, Mo.
24. FUNERAL DIRECTOR Pewitt Funeral Home, Ellington, Mo.		25. DATE RECD. BY LOCAL REG. FEB 4 1963	
26. REGISTRAR'S SIGNATURE [Signature]		27. REGISTRAR'S SIGNATURE [Signature]	

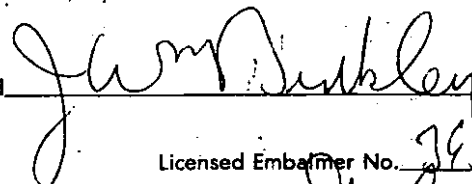
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

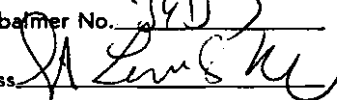
Signed



Licensed Embalmer No.

3453

P. O. Address



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.